



Life Insurance Company of North America
1601 Chestnut Street, Philadelphia, PA 19192



DECLINATION OF COVERAGE

I, _____, have been offered group life insurance coverage, in an amount in excess of \$50,000, under a policy issued by Life Insurance Company of North America to insure employees of my employer, St. Olaf College.

I do not wish to have Group Life Insurance in excess of \$50,000 under the program sponsored by my employer. If I wish to have the excess coverage in the future, I understand that I may be required to furnish evidence of insurability and will not be insured unless and until my application is approved by the insurance company.

Employee Electronic Signature Usage Agreement:

When electronic signatures are used, federal law requires that we inform you of the following:

- By signing below, I consent to electronic processing of this application to include use of my electronic signature.
- I acknowledge that Electronic Signature means that I am the person identified on this application as the applicant, that I voluntarily accept all the terms and conditions as stated in this application, and that I agree to the electronic processing of this record.
- I acknowledge that my electronic signature will have the same legal effect as a signature on paper.
- I acknowledge that I have the right to print and keep this application on paper.
- I acknowledge that I have the right to withdraw my consent to the electronic signature on this application. I understand I must notify my benefit providers in writing of my withdrawal of consent and that such withdrawal will not affect actions already taken by my benefit providers.
- I acknowledge that my consent to the use of my electronic signature applies to this application only and not to any other transactions with my benefit providers. I hereby apply for coverage on the basis of the statements and answers to the questions herein.

Employee Enrollment Acceptance:

I accept the insurance coverages elected above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my earnings. If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

I understand that my insurance will not go into effect unless I am actively at work on the effective date. The conditions for the requested insurance to be effective are described in the policy and certificate.

I Agree to the Declination of Coverage, Usage Agreement, and Acceptance statements mentioned above.

Signature

Date